

The Mediation Therapy Agreement



Shaping the Process

Janet Miller Wiseman

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Janet Miller Wiseman

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The Mediation Therapy Agreement: Shaping the Process

The Initial Phone Calls

Prior to the initial session with a couple, you will have spoken first with one member of a couple on the telephone, then with the other member, who will have telephoned for a follow-up conversation with you. This symmetrical balance is necessary for the mediation therapist and necessary for the couple to begin the process with neutrality.

If the second member of the couple has been unable, for reasons of timing or location, to phone prior to the initial session, the mediation therapist should without question begin the initial session by stating that the first member of the couple has had the opportunity to speak with the mediation therapist to make the appointment and has had the opportunity to make inquiries about the process and the therapist; what questions, then, if any, does the second member of the couple have?

A demonstration of evenhandedness and symmetry is a cornerstone of the mediation therapy process. Talking with both members of a couple is not

an occasional occurrence but one that needs to take place each and every time a new family is seen as well as throughout the intervention. Having spoken with only one member of a couple, the other may view you as hired by the partner and as somehow biased toward the person with whom the mediation therapist spoke.

In addition, I believe there is no human way of beginning and maintaining a neutral stance toward a couple except by speaking with both of them. Ideally, individuals will simply call to make an appointment, having already heard about mediation therapy and thus needing no further explanation of the process. Increasingly, couples call having heard of mediation therapy from friends or colleagues. For many others who call for couples work, the mediation therapist briefly describes some of the differences between couples therapy, marriage counseling, and mediation therapy, and asks the individual to describe the goal he or she wishes to accomplish during the course of the intervention. If you practice marriage counseling or couples therapy, it is not recommended that you attempt to convert every couple you treat into short-term decision-making candidates, but instead that you discriminate carefully those who are appropriate for a specific, structured decision-making approach. Fortunately, it doesn't usually seem to be a complicated process for the initial caller to identify what kind of intervention is appropriate for his or her needs.

In the process of the initial call, the caller has inevitably given you a thumbnail sketch of the situation, flavored with his or her perspective. If the caller has defined his or her needs as needing decision making, you will ask that the other partner be in telephone contact with you so that he or she may hear the *same* information, ask you questions and give you information. You may suggest that if the two of them seem likely to want to make an appointment that they agree on some mutually available times. When the partner then calls, you will at that time be able to make an appointment. Frequently, the second partner will call you within fifteen minutes of the request to do so.

It is important that each partner choose the mediation therapist and mediation therapy process for him or herself, rather than merely accept the recommendations of a partner, a person with whom he or she may not be on the best of terms at this particular point in time. In *Problem-Solving Therapy* Jay Haley states, “Whenever one sees [I add, talks with] a person alone, the tendency is to join that person against others ... if the therapist joins one side against the other, he or she becomes part of the problem rather than part of the solution.”^[1] It behooves a therapist not to become a part of a couple’s problem before they even enter the office.

Is this rule—that you speak to both members of a couple on the telephone—a rule for its own sake? Talking with both members of the couple

is a necessary precursor to the intervention that is to follow. This procedure does not vary; unless there are exceptional circumstances, it always takes place.

From the point of view of the calling parties, the function of their each speaking with the mediation therapist is manifold. The callers will have understood that the mediation therapist, from the very beginning of the process, is disciplined to be as neutral as possible between them, listening to both of them and instructing both of them equally about the process, so they may each choose the process independently of the other. If they have mentioned areas in which they are intensely angry with one another, some of that anger will have been defused by talking before the sessions have begun. Assuring that each individual has been heard effectively lessens the likelihood that one of them will enter the office for the first time with competitive hackles aroused to tell his or her side of the story. If the mediation therapist were to speak with only one member of the couple, the other would have the right to be suspicious about what had been said about him or her. The initial telephone call with you, the mediation therapist, during which you indicate that you are a sympathetic human being, albeit one who highly structures the conversation, may also decrease suspicion of you.

In the initial phone call, you may also ask the caller what, at this point, his or her personal goals are for any therapeutic intervention. This question

relays to the caller that it is to be a unique intervention; only they as individuals know what it is that they need to accomplish. The question empowers the couple to begin actively engaging in their own process. The two-part telephone appointment setting, a single positioning action to establish neutrality and symmetry at the outset of the intervention, is equivalent in importance to many later positioning actions. The symmetrical telephone call is a graceful, effective means of leading into and shaping the process of mediation therapy; it overtly demonstrates the mediation therapist's commitment to neutrality and to recurring symmetrical input from each member of a couple or family. In abiding by a few invariable rules—such as talking with both members of a couple on the telephone before commencing mediation therapy—a basic tone, a general attitude, and a fundamental structure are set up for the entire process. People frequently comment about how differently things are done in mediation therapy from what they have heretofore experienced.

After the initial phone call, the attitudes and values that you, as the facilitator, bring are as important as any of the techniques for practicing mediation therapy. Both attitudes and techniques are needed in order to develop and preserve a neutral stance in the process of conducting mediation therapy and to strike an unwritten, good faith contract or mediation therapy agreement with your clients.

A major attitude or belief necessary for the development of neutrality is that it is necessary and appropriate for you to structure or even to control the process but not the outcome of mediation therapy. The psychoanalytic approach to psychotherapy favors the psychotherapist's specifying the structure and thereby exercising control by indicating to the clients/patients that they should talk freely while the psychotherapist listens and comments or interprets occasionally. The mediation therapy approach indicates a different process: one in which the therapist is overtly in charge and in which she or he will balance the interaction between all participants. Many therapists have been trained in a listening process without needing to take charge or structure a small-group situation. To practice mediation therapy successfully, you will need to learn to do couples, family, or small-group work in order to become comfortable in taking an active, structuring role in the process. For structural, strategic, systemic family therapists, marriage counselors, couples therapists, and undoubtedly others, the transition to being clearly in charge in an active mode will not be as difficult as for those clinicians whose experience is in a psychoanalytic mode with individual patients. Becoming comfortable in structuring the process is a necessity for you as mediation therapist.

The Initial Session

The Couple's Goals

In most cases, as mediation therapist, you will want to begin the initial session by repeating or initially calling for each individual's goals for the intervention (As discussed later on, this is rational structure number one.). Sharing their personal goals separates the individuals from the morass of interpersonal issues between them. It individuates them out of the "coupleship. " In addition, beginning with the individuals' goals precludes beginning the process with blaming.

In an initial session, I tell the couple that, in my eleven years' of experience with mediation therapy, only one-third of couples have had the same goal to achieve—that is, both wanting to make a decision about the relationship. Two-thirds of all couples have had very different goals. In the following examples, both partners achieved their goals, which were different. One man's goal was to become less angry about his wife's leaving the country for several years without talking with him about the decision. His wife's goal was to decide upon returning to the United States whether there was any basis for trying to resume living together again. At the end of the mediation therapy he had become significantly less angry, and the couple had decided to divorce. Another man's goal was to try to see whether there was anything salvageable in his marriage, while his wife definitely wanted the man she had chosen for life to return home after he had been living away. That couple (the Andrews, cited in chapter 6), has since continued to be rewardingly married, but not without conflicts, for over ten years since the completion of mediation

therapy.

It is important for couples to have their goals out on the table so the goals are crystal clear. You may share with them that it is more likely that each of them will achieve his or her own goal when the goals are known and not hidden from one another. How many instances can therapists think of where a single individual's goals are spoken of as the goal for both of the individuals? Eventually the first person feels betrayed because his or her partner's goal was never the same as the one that was taken or assumed as being a common goal. Better to allow it to be known from the outset that one person is undecided, ambivalent, or out-and-out negative about the relationship than to have this information uncovered at the end of the process. Through long experience, I have discovered the eminent workability of a couple's having two very different goals for a single process and their reaching mutually satisfactory conclusions to their differing goals. Indeed, if the couple has identical goals, they *may* not need to be engaged in the mediation process, which was specifically designed for couples in high conflict, and for those who are highly ambivalent or painfully undecided.

I emphasize that both individuals may achieve their goals, even if divergent, within the same intervention. The question often arises: is this the case even where one partner wants unequivocally to divorce and the other desperately wants to save the marriage? Sometimes. Through the process of

mediation therapy, both people will uncover their personal needs and goals and hear those of their partner. They will take an in-depth look at the interaction of their various needs and fully explore their relationship with one another and with the wider world. So, while a decision to divorce may remain the dominant decision (that is, the ruling decision in the case where a decision is not mutual), both people will have, at a minimum, a far greater understanding of how the decision came to be made. In many cases, the decisions will be mutually *understood*, if not mutually made, and may even be accepted by both parties. Or, in certain cases it has, at times, been helpful to acknowledge that the decision is not mutual, but instead the decision of only one of the parties.

In directing the process in the initial session to the individual's goals, the mediation therapist is accomplishing many things. The importance of symmetry is reinforced by asking each individual what he or she needs to accomplish in a therapeutic intervention. Neither member of the couple should be allowed to dominate the intervention. An implicit message in this rational structure is that there are individual needs, perspectives, and goals—at this point the therapist is not asking them, as a unit, what they want to accomplish. He or she is individuating them: accepting each of them as an individual. The therapist begins the process, not by listening to them fight or watching them perform their ritual dance, but, instead, by demonstrating through questioning that they are not one ego mass but two individuals with

unique goals. They must listen to one another, then be encouraged to hear the divergence as well as the similarities in their goals. By example, the therapist demonstrates that she or he will relieve them of the burden of structuring the process or of speaking for their mate: the therapist is clearly in charge of the process.

The Couple's Agenda

Most sessions, other than the first one, are best begun by asking the couple if either of them has issues on the front burner or items they would like to put on the agenda for that session. One opening is, "I have some items to discuss today, but I would like to start with where you are." One reason why people seem to respond favorably to this opening is that even if they were not aware of what they needed to take up in the session, the prospect of having their agenda pushed aside by a long-winded mediation therapist brings their concerns suddenly into focus. Or the mediation therapist can ask them whether they have been thinking about or having feelings about issues that arose in the last session? Have they talked about issues in a new way since they last saw you?

It is important to convey to the couple at all times that their concerns will be interwoven with the structured process of mediation therapy. There will be sessions during which all formal decision-making structures are

suspended and many other sessions where the structures are nicely interwoven into the fabric of the couple's or family's current concerns.

Being at the fulcrum of the interaction is important for the mediation therapist. The fulcrum is the point where the chaotic energy of the couple is transferred into energy that constructively moves the couple ahead. Initially, conflict is high and anger deep.

Paraphrasing

Some mediation therapists may want to see for themselves, at the outset, the miscommunications, ritual dances, or maladaptiveness of communication, but rarely, do I find these helpful at the beginning of the process. Instead of allowing the couple to step immediately into their maladaptive communication with its attendant frustration and diminished self-esteem, I often substitute the *paraphrase* at the beginning of the intervention. That is, most of the initial dialogue in a session will be between me and the individuals. I then translate and interpret, or paraphrase, information intended for each individual. Through paraphrasing (rephrasing a statement for clarity), the poison or toxins can be taken out of what one person is trying to convey to the other. The core of the message may be conveyed from one partner to the other. Perhaps the most important tool of the process, paraphrasing enables the therapist to cull the essence of what

one member is trying to convey and to present it in a rational, objective fashion, while checking with the speaker as to whether he or she is being accurately represented. This then helps the individuals remain individuated while they communicate with one another. Paraphrasing is one of the most important techniques for maintaining a neutral stance. In addition, many times a *metacommunication*, or implied communication, is included with the paraphrase. For example: “Your wife is desperate to have you share your feelings with her.” Being desperate was in the wife’s tone not her content, but it is nonetheless relayed as a part of the paraphrase.

Blaming and accusing the other person are literally outlawed in mediation therapy. From the outset of the intervention, the couple is encouraged to make “I” statements about how the other person’s behavior makes an impact on him or her, rather than using blaming or accusing. This kind of instruction is sometimes necessary even during the initial statement of the couple’s goals. Drawing-room politeness on the part of the mediation therapist is not in order—these initial moves to set clear, firm limits are necessary preparations for the conduct of the process.

To this point in the initial session the mediation therapist has demonstrated evenhandedness and neutrality. Each of the individuals has spoken about his or her personal goals. The therapist has made clear to the couple that they should speak for themselves without blame or accusation

and has helped them learn to ensure that the partner has fully heard what they are saying.

The Contract Decision

At the end of an initial session, the therapist can often determine if the couple is appropriate to benefit from the mediation therapy process. People who have secrets bring challenges to the mediation therapy. Others who may well have serious difficulty using the mediation therapy process are families in which alcohol is a central issue. Those who manifest paranoia or any disordered thought processes or suspiciousness, those who have untreated affective or mood disorders, or the more primitive of the personality or character disorders need critical evaluation. People need healthy observing ego functions to be able to see themselves somewhat objectively. That isn't to say that some couples with a member with active alcoholism or a difficult personality disorder have not used the process productively. Yet, on balance, it requires so much more effort on the part of the clinician that a primary treatment for the condition or illness itself should be the first order of business. On the other hand, the predictability of the structure, combined with its controlled manageability, may provide the safety for some individuals or couples who might have difficulty in less-structured settings. The beneficent overall structure of mediation therapy discussed in chapter 3 may provide a needed umbrella for weak ego structures not otherwise able to use

a conjoint or a couple approach.

Once you have decided whether or not a couple is appropriate for the approach, and they have decided that the intervention is appropriate for them, you will want to think together with them about the frequency and duration of the meetings. Twelve weekly seventy-five minute sessions are an ideal number for the process, but due to time constraints or advanced personal stages in the decision-making process, it may be conducted in eight or ten sessions. Many people have used six, two-hour sessions productively. One couple whose members lived in two different states conducted their entire mediation therapy over the telephone, without meeting the mediation therapist in person, in six, one-and-one-half-hour sessions. Other people know they want to make a decision at the end of the year or summer and so choose a time limit in that way. Most couples will know at least by the beginning of the second session how many sessions seem appropriate for them. People seem to appreciate being included in the decision-making loop involving the length of the contract. The mediation therapy contract time limit may be renegotiated and extended toward the end of the process; however, the benefits of such renegotiation don't always supersede the drawbacks: more time may not be more beneficial than the constructive, mobilizing anxiety built into the predetermined time limit.

Clients sometimes ask whether a different contract can be made at the

end of their twelve sessions: for example, a new contract to help the family or a couple to grieve the breakup of the family and move onward after a decision to separate has been made; or a contract to help them implement their commitment to continue working on the relationship; or to implement a different decision, such as building an addition to the home for an aging parent.

The decision-making intervention is best done as a discrete process, with a beginning, a middle, and an end. From my experience I have come to believe that a break in time should be taken before any couples work, uncoupling work, or implementation work is undertaken. Generally speaking, these other post-mediation therapy interventions are less structured than mediation therapy. The structure of mediation therapy needs to be put behind both the clinician and the clients before another type of psychotherapy is begun. In addition, if you practice divorce mediation, ethical and practical considerations of performing a nontherapeutic intervention (divorce mediation) and a therapeutic intervention (mediation therapy) with the same couple prohibit you from engaging in nontherapeutic divorce mediation with mediation therapy clients.

Eleven years of specialized experience with couples who were able to make rational, mutual decisions about their own or a family member's future has led me to the conviction that couples and families, when adequately

supported, can make some of the most difficult decisions of their lives *together*, without bitterness and grossly negative ramifications. It is appropriate for a mediation therapist to convey the results of his or her experiences with other couples and families to new families beginning the process. Conveying an attitude of hope for them, belief in them, and confidence in their abilities to reach a mutually understood decision helps them positively view the process of mediation therapy. In turn, this positive viewpoint generates positive physiological reactions for the therapist and the clients.

The Couple's Theories about Their Impasse

In the beginning of mediation therapy, I see couples needing more structure than later on in the process. It might seem logical to open up each individual's unique concerns after the goals for the process have been shared; however my experience is that an open-ended question at the beginning of the process is like letting the horses out of the gate before the race is scheduled to begin. Rather than asking an open-ended question, the mediation therapist may follow up the statement of the couple's goals by asking each of them what his or her *theory* is about the breakup or the impasse in the relationship, adding "you needn't be right"; (this is rational structure number two). As stated so well in *Women's Ways of Knowing*, "Theories become not truth, but models for approximating experience."^[2] In

other words, there is no one truth as to why the relationship broke down: only two people's experiences. Perhaps this question to elicit theories about the impasse or breakdown in the relationship helps individuals to recognize multi-causal contributors to their difficulties. The questioning may lead to a realization: "Maybe my perception is too simple or has more facets than I thought." Theories are unique and run the gamut:

"Our communication was never good, but broke down completely when the baby was born ... or when he lost his job ... or when she had the affair."

"We struggle for control over everything and our power struggles begin before we get out of bed in the morning."

"We married for the wrong reasons, and the marriage was broken before it began."

"She has all the money, which makes me feel inadequate."

There is an excellent opportunity after each member shares a theory to check out with the other person how he or she hears that theory and how it is viewed. This theory-talk keeps the focus on the cause of the difficulties rather than on blaming the other person. The question may imply hope if things were seen as better at an earlier time.

During this agreement formation stage, when the couple is deciding on a

process, the first two rational structures (described in chapter 4) are presented to the client couple—individuals' goals for the intervention and their theories about the relationship's impasse or breakdown. The goals of these initial structures are:

1. to enlist the clients' full participation in the process
2. to engage their creative thinking processes
3. to shape a process guided by their individual self-understanding and appreciation.

Couples don't make decisions; individuals do. Inquiring about the *individuals'* goals and theories begins to delineate the rational structures. (A more detailed discussion of the question, "What is your theory about the impasse or breakdown in your relationship?" occurs in chapter 4.) As with other rational structures, in the question about theory, the medium or the form of the question is often the biggest message: requesting individual theories implies that there is no one truth, but several evaluations of together- experiences.

The Therapist's Values

So far, I have discussed how it is that one might lead a couple into the process of mediation therapy, some techniques for gaining and/or preserving

neutrality with the couples and families with whom you work, and the first two rational structures of the process: individuals' goals for the intervention and their theories about the relationship's impasse or breakdown. In addition, attitudes and values that a mediation therapist brings to the process are as important as actual concrete techniques to achieve balance, symmetry, and neutrality.

In developing a neutral stance the mediation therapist needs to have experience in understanding that two oppositional positions may both be true at the same time.

Getting to Yes by Roger Fisher and William Ury and *Getting Together* by Fisher and Scott Brown can help the beginning mediation therapist understand that reality lies not in one objective version of the truth but in how each person views a situation. These two books (and others listed in the bibliography) provide an important preliminary to the practice of mediation therapy. Another means to develop a neutral stance or attitude prior to practicing mediation therapy is by using a *bias sorter*, a series of questions such as the ones in the accompanying sidebars that help describe or delineate one's biases regarding relationships or other important topics. This is only one of a myriad of methods therapists need to apply in order to become aware of biases. Only by being aware of one's biases can one prevent their interference with the necessary neutral stance of mediation therapy. In

Problem- Solving Therapy, Jay Haley states, "Simply not giving advice to a couple will not avoid the issue, since what the therapist thinks will be communicated somehow. It is preferable to clarify one's own thinking so that the marital problem does not meet an expert too confused and uncertain to be helpful." Haley further states, "As a therapist intervenes, he or she finds that a philosophy of life and marriage is necessary as a guide. The therapist must think through the issues of separation and divorce as well as responsibilities within the family group. The therapist's problem is how to keep [her or his] own biases from intruding into the changes sought by the couple."^[3]

Each mediation therapist will want to develop her or his own bias sorters, depending either upon the idiosyncrasies of the client population seen, or upon her or his own idiosyncrasies. How can we realize or understand the attitudes and values we carry? A values and attitudes bias sorter such as the one listed in the accompanying box is one point of departure. Examining one's values, attitudes, and biases conjointly with a colleague or peer group is advised before attempting to practice mediation therapy. (Additional bias sorters are found in appendix C.)

Bias Sorter: Marriage and Divorce

1. Do you believe in marriage? What is it? What is commitment? Are they the same?
2. Do you believe in marital separation? Under certain circumstances? And not under other circumstances?
3. Do you believe in divorce? Under certain circumstances and not under others?
4. What religious, cultural, general background views, past and present, do you hold about divorce or marriage?
5. When couples have children, does that at all influence your opinion about whether couples should stay together?
6. Do children fare better in intact families with unhappily married couples than in divorced families with happily divorced parents?
7. How do you feel about gay and lesbian relationships? Are you at all uncomfortable in the presence of these couples?

8. How do you feel about interracial or intercultural relationships (for example, a black man and a white woman; a Russian man and an American woman)? Are you uncomfortable in the presence of these couples?
 9. How do you feel about relationships in which there is a large difference in age?
 10. How do you feel about relationships in which one person has a physical handicap, a mental disability, or AIDS?
 11. What is your own current image of a healthy relationship?
 12. Do you believe in living together on a long-term or short-term basis without marriage?
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Bias Sorter: Conflict

1. Do you like or enjoy conflict?
2. Do you hate or avoid conflict?

3. Is it easier to help others manage their conflicts than for you to deal directly with your own conflicts?
 4. How did your family of origin handle conflict?
 5. How much more effectively do you want to handle conflict between yourself and others, personally and professionally?
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No one is without bias. In an intervention in which the neutrality of the clinician is vital, it is important that the clinician be aware of his or her biases, values, and attitudes. Acknowledging what these biases are goes a long way toward keeping them in check and prevents them from unconsciously influencing a couple. At the extreme, you might discover, as one student of mediation therapy did, that her strongly held religious views prohibiting divorce made it impossible for her to take a neutral stand. She decided she could not apply the mediation therapy model with married couples needing to make a decision about the future direction of their relationship, although she could facilitate their discussions in other types of decisions. Another clinician discovered that he was exceedingly uncomfortable with anyone leaving a relationship with an AIDS patient. That he could not be neutral in helping partners, one of whom had AIDS, led that clinician not to attempt to

use the approach with these clients. Another clinician discovered that growing up in the South where interracial marriages were prohibited kept her from being neutral about the future direction of the relationships of interracial couples. Still another clinician encountered a couple with an eighteen-year age difference. Her own marriage, with a large age difference, had broken up in the recent past with, from her point of view, age difference one of the significant contributing factors. In this case, however, the clinician's heightened awareness of her bias helped preserve her neutrality. The couple she was working with was able to share a monumental amount of rage with one another and made the decision to marry. Although one can work with or around some biases, it is important to disqualify oneself from attempting to work in decision-making areas where particular bias buttons are pushed.

The Use of Individual Sessions

Generally speaking, mediation therapy clients are best served by being seen together as a unit. That is because the purpose of the intervention is to provide a sane setting within which people may together make one of the most important decisions of their lifetimes. If individuals need a session (or sessions) alone to speak, for example, about fears of a partner's homosexuality, or their own marital infidelity, they typically ask during the initial phone call for an individual session. I usually tell clients that individual sessions are not routine in the process, but are necessary in some specific

cases.

Unless a couple can *specifically* say that they don't need all information to be shared, I tell couples I will caringly and diplomatically share information when they cannot do so themselves from solo sessions in the next joint session. An example of an agreed upon translation from an individual session: "Carl, your wife is very concerned about your feelings. There is something that has been a secret, but that you may have sensed. It is a little more complicated than her simply being involved with someone else. That person is someone you know well, and you may well find a strange companion. That person is Linda's best friend, Margaret, with whom she is romantically involved." Out of sharing secret, delicate information, a process may unfold that includes trying to understand the information and the behavior and asking for and granting forgiveness, which may enable moving out of a stuck position in the relationship.

In cases where confidential information from an individual session is agreed to be more potentially hurtful if shared than the feeling of betrayal at not having been let in on everything, the couple understands that sharing painful information, as well as withholding that information, has its price. Some people may not be able to continue a relationship with secrets. Others may be able to move forward in the present, knowing there is confidential information not known, respecting the other's judgment that not knowing

may be more respectful than burdening the other. This is very controversial territory. Many clinicians state that they won't proceed with a couple where there are family secrets. Complete openness, or nearly so, while an ideal in good, caring relationships, may not be feasible in relationships with high conflict, an impasse, or a breakdown. Rather than setting absolute rules for dealing with secrets or confidential information, coming as close as possible to absolute disclosure or sharing—without creating worse problems of devastation, loss of self-esteem or positive self-regard—may be a wise course of action.

Before the end of the first session, each member of a couple is given the “essential list” (rational structure number five). This list, known colloquially as the “list in black and fright,” indicates that each of them is a unique individual, expected to have individual needs as well as strengths and areas of difficulty.

The Essential Lists

Before the end of the first session each member of a couple is given the following list of questions (rational structure number five). Each person's written answers to the following questions form what I call the essential lists:

1. What do you know you want and need in any good long-term relationship?

2. What do you know you cannot tolerate in any good long-term relationship?
3. What do you bring as problems/difficulties to any good long-term relationship?
4. What do you bring as strengths to any good long-term relationship?

I hand each person a copy of these questions and request that they individually write up a list based on these questions, and that they bring their lists to the second session. (Rarely does anyone not bring in a list to session two.)

Asking each member of a couple to create his or her own list indicates that each of them is a unique individual, expected to have individual needs as well as strengths and areas of difficulty. The lists also convey that individuals may not want to tolerate certain things in a relationship. Longings, desires, and needs that may have never been given expression are cited as legitimate. Owning what they each contribute as problems to any relationship helps individuals take more responsibility for themselves and blame one another less. Acknowledging their own strengths helps people at a time of crisis maintain a balanced view of themselves.

Most of the time the lists are not a litmus test of the relationship's viability, but occasionally they are. One woman newspaper reporter needed her husband to read about and discuss current events regularly, especially

those found in the *Washington Post*. Her husband, an artist, needed her to be minimally knowledgeable about work in his medium. He never read any newspaper, and she was studiously unaware of any contemporary art, let alone art being produced in his medium. Their needs, under the wants and needs column in the lists, indicated mutually exclusive needs and behaviors, which the couple recognized instantaneously.

Some people object to list making, saying that falling in love is chemistry, *kismet* (fate), and that one cannot quantify relationships.

Knowing one has a deliberate choice in selecting a life's partner seems just as important as chemistry. Listing needs of individuals in a good long-term relationship may point to problems that may well be at the interface between a couple—with neither of them at fault or deficient. The lists point out to individuals their own legitimate needs, as opposed to the deficiencies in their partners. The mediation therapist needs to explain that the point of departure for the lists is the ideal situation for the individual and not the deficiencies of the partner, although those are inevitably factored in.

The experience of reading through the lists is like simultaneously running two videotapes of two separate individuals. Each film gives maximum exposure to each person, sparing the couple a demonstration of their interaction and how they have collided with one another. If after

extensive individual sharing, a couple deliberately decides to live together, then the film we see is double-billed, starring not one but both partners.

Summary

In this shaping of the process stage, a contract between the couple/family and the mediation therapist will be struck. The number of sessions and their frequency will be determined. You will double-check to make sure that each partner understands the importance of acknowledging to the other that he or she has understood what the other is saying and even feeling, even when the first partner disagrees with what is being said. This acknowledgment principle is basic and needs to be internally understood by each member of the couple. You need to share with the couple your responsibility to them to be neutral and symmetrical in order to help them achieve balance between every member of the family. Your responsibility to be neutral and theirs to listen and acknowledge are important aspects of the contract between you and the couple or family.

By the end of a preliminary mediation therapy session, most couples and their mediation therapists will know whether the decision-making process is applicable for them. If it is, they will have made an implicit mediation therapy agreement providing the parameters for their work together with you during the course of the eleven or so sessions to follow.

Notes

[1] Haley, *Problem-Solving Therapy*, 174.

[2] Belenky, et al., *Women's Ways of Knowing*, 138.

[3] Haley, 172.

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